

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91507 031 ***155.00

0015908 AT

DOCUMENT # P01000111917

1. Entity Name
NEURO SERVICES, INC.

Principal Place of Business
1086 SE ALBATROSS AVE.
PORT ST. LUCIE FL 34983

Mailing Address
1086 SE ALBATROSS AVE.
PORT ST. LUCIE FL 34983



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1086 SE. ALBATROSS AVE

3. Mailing Address

Suite, Apt. #, etc.

City & State
PORT ST LUCIE

City & State

4. FEI Number

65-1149167

Applied For

Not Applicable

Zip

Country

Zip

Country

34983

ST. LUCIE

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TROUST, THOMAS P
1086 SE ALBATROSS AVE.
PORT ST. LUCIE FL 34983

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRES.
THOMAS P. TROUST
1086 SE. ALBATROSS AVE.
PORT ST LUCIE, FL 34983

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V.P.
ELIZABETH A PAPINEAU
1086 SE. ALBATROSS AVE.
PORT ST LUCIE, FL 34983

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)